Addendum Cover Page for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

PT 35 LOCAL HEALTH DEPARTMENT

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**
Monday – Friday from **9am – 5pm.**

All providers are required to use the **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal, or ePREP (eprep.health.maryland.gov) for enrollment, information updates, provider affiliations and revalidations.

Please fill out the information below and upload the completed addendum to the "Additional Information" section under "Practice Information" within the ePREP (eprep.health.maryland.gov) "Applications" tab, along with any additional documents requested within the addendum.

Provider Information

NPI:

Tax ID:

MA Provider Number (if already enrolled in Maryland Medicaid):

Please visit health.maryland.gov/ePREP for more information about ePREP

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Please upload this form to the "Additional Information" section under "Practice Information" within the ePREP (eprep.health.maryland.gov) "Applications" tab, along with any additional applicable supporting documents requested below.

Section I:

Please respond to the question below and upload any applicable documents to ePREP:

1. Will you be rendering x-ray services?

    YES   NO

- If yes, please include a copy of your Radiation Machine Facility Registration and Certification issued by the Maryland Department of Environment or an x-ray certification from the state in which you practice in your upload.

V2 2021 effective 06/03/2021

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